CALIFORNIA DEPARTMENT OF
Mental Health

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CULTURAL COMPETENCE PLAN FOR LONG TERM CARE SERVICES

EXECUTIVE SUMMARY:

The growing rate of cultural diversity in the general population of the State of California impacts the diversity of the population of individuals served by the California Department of Mental Health, including Long Term Care Services and State Hospitals. In order to effectively plan and provide programs, State Hospitals must consider cultural competence in their mission of ever improving patient treatment outcomes.

Cultural competence is defined by the Department of Mental Health as "a set of congruent practice skills, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers and professionals that enables that system, agency, or those professionals and consumer providers to work effectively in cross-cultural situations." The Surgeon General report (1999) defines Cultural Competence as the ability "to recognize and to respond to cultural concerns of ethnic and racial groups, including their histories, traditions, beliefs, and value systems."

The importance of cultural competence must begin to be integrated into all levels of the organization in order to fully operationalize a culturally competent system of care. Administrators, practitioners, and consumers must develop a culturally competent framework in which service is delivered in a culturally competent manner. Integrating cultural competence is an evolving process that includes commitment, policy development, assessment, program planning and implementation, identification and elimination of cultural barriers, implementation of research and outcome measures, identification and delivery of human resources and training through ongoing strategic planning.

Although the introduction and evolution of culturally competent systems of care will initially have autonomous policies and procedures guiding implementation, it is the intent to design and integrate cultural competence into new and existing policies and practices. A fully integrated cultural competence program ultimately embraces diversity in ethnicity and culture as a common practice throughout the agency. Successful integration of cultural competence within State Hospitals will be evidence in numerous ways.

When the following begin to occur, State Hospitals will recognize the integration of cultural competence:

- Policies will consistently address cultural diversity and related issues.
- Recruitment methods and interviews will address cultural knowledge and training.
- Cultural training and education will be commonplace.
- Language access and interpretation will be readily available.

- Treatment teams will consistently include information in assessments, conferences, progress notes, discharge plans, and court reports about the patient's ethnicity and cultural beliefs and the role they play in positive treatment outcomes.
- Patients and family members will participate in treatment decisions.
- Treatment modalities will include alternative culturally specific interventions.
- Strategic plans will include cultural competence in the mission, vision and value statements as well as annual goals and objectives.
- Research and treatment outcome measures will address ethnic, language and cultural differences in treatment provision and response.
- Staff, patient satisfaction surveys will address the role culture has in positive outcomes.
- Treatment environments will display culturally diverse artwork and provide literature of a cultural nature.
- Special events will celebrate a wide range of cultures.

In order for the above scenarios to emerge, State Hospitals must commit to the delivery of services from and to a wide variety of individuals, recognizing and valuing the importance of culture and cultural competence.

CULTURAL COMPETENCE PLAN
FOR LONG TERM CARE SERVICES

PURPOSE:

To establish cultural competence standards, values, and policy requirements for the Department of Mental Health Long Term Care to enhance treatment outcomes for patients.

The intent of this Cultural competence plan for Long Term Care is to establish requirements and standards for achieving cultural and linguistic competency in California's state hospitals and Vacaville Psychiatric Program. It is the intent that this will serve as a planning document to assist each hospital to develop and implement an individualized cultural competence plan as addressed in each facility's annual strategic plan, with it's goal to enhance treatment outcomes for all patients. This is a comprehensive document that addresses cultural competence in the following four major levels: Policy, Administration, Practitioners and Patients. Strategies for how to implement these components will be described.

MISSION:

The Cultural Competence Plan is designed to improve the quality of patient care.

VISION:

It is the intent to design and integrate cultural competence into new and existing policies and practices.

PHILOSOPHY STATEMENTS/VALUES:

Long Term Care Services commits to enhance the cultural competency of all staff. This commitment includes changes in attitudes, policy, and practices, by addressing these five essential elements as part of patients care: Valuing diversity (e.g. ethnicity and gender), Cultural self-assessment, Dynamics of Difference, Commitment to Institutionalization of Cultural Knowledge, and Adaptation to Diversity. Moving systems towards cultural competence should be viewed as a developmental process. The provision of mental health services in a culturally competent manner is fundamental to ensure high quality and cost-effective mental health services. The investment in this goal must be made at all levels of the system with an identified strategic plan defining the process of making the needed changes to improve treatment outcomes and overall care.

BACKGROUND:

California is one of the most demographically diverse states in the country. This diversity is represented in our Long Term Care Services facilities. The Department of Mental Health has begun several efforts to begin a strategic planning process that will move California's mental health system towards addressing the diversity of the patient population we are responsible to serve in a more effective manner. The current DMH Strategic Plan requires that a "culturally competent system that delivers services in a more effective manner be developed that includes the development of comprehensive Cultural Competence Plan for the Department." In 1997, the DMH added an addendum to the consolidation of Medi-Cal Specialty Mental Health Services

requiring each local Mental Health Plan (MHP) to submit a Cultural Competence Plan in response to the requirements identified in DMH Information Notice 97-14. These plans have been submitted and are being reviewed as part of overall compliance review protocols.

This document will assist in moving state hospitals towards cultural proficiency of cultural competency by addressing standards at all levels of the system. (Cross, T. L., Bazron, B., et. at.)

As strategies are developed to improve upon existing efforts, it is important to acknowledge the past, current and ongoing efforts made to address language and cultural competency efforts. We must evaluate what has worked and what has not and strive to improve on existing efforts with the common goal to improve upon treatment outcomes. California's State hospitals have a long history of initiating strategies for addressing language access challenges and serving multicultural populations. Napa, Patton, and Metropolitan State Hospitals have a long history of ethnic/cultural specific units. Metropolitan, Patton and Atascadero have had monolingual units at their facilities for some time. Atascadero had a Black project, Spanish Project and now multi-cultural Services. Metropolitan currently is host to an Asian Pacific Unit and a Hispanic unit. Several hospitals have a long history of providing cultural specific treatment groups. For many years, Napa has provided specialized treatment services to Deaf and Hard of Hearing adults and previously to children. State hospitals have hearing impaired units as part of their care. Hospitals have utilized interpreter services for monolingual patients. Pastoral services have been available at all state hospitals to address the diverse religious and spiritual needs of patients. Patton has a Multicultural Education and Training Program that strives to move culturally competent care forward. Training that includes focus on cultural competence and ethnic specific focus has been provided at all hospital facilities. Metropolitan state hospital has initiated cultural competency training for supervisors. Cultural specific celebrations and special events have been part of the programs at the state hospitals for some time. These are only some of the current efforts being made at the state hospitals to address language and culturally appropriate care for the patients they serve. It will be important to build on those efforts that have resulted in effective patient care.

This plan was developed by a representative team of identified professionals selected by the Executive Directors from each of the state hospitals and Vacaville Psychiatric Program. They worked in consultation with the DMH Chief of the Office of Multicultural Services.

OVERVIEW OF PLAN STRUCTURE:

This is a comprehensive document that includes recommended standards for culturally competent care in Long Term Care Services. It includes a planning process for incorporating these standards into existing strategic planning documents at the state level as appropriate, and at each of the state facilities. Although a separate planning document for developing culturally competent programs is developed here, it was felt that a strong more effective approach would be to incorporate these standards into existing state level and each of the state facilities strategic planning efforts. The development of this document was based on the current work developed in the field of cultural competence (see bibliography). This document should be updated as projects, activities, and accomplishments are reached.

This Cultural Competence Plan for Long Term Care Services identified four major areas that would need to be addressed to move cultural competence forward. These are: Policy (PL), Administration (AL), Practitioners (PR), and Patient (PT) levels. Following each of the

standards, specific indicators and measures are identified for each standard. Each standard includes the Joint Commission on Accreditation Health Care Organizations (JCAHO) key functions that pertain to each standard. Following is a list of the seventeen standards established for hospital implementation in this plan. It is expected that these cultural competency standards would over time be incorporated into each of the state hospitals.

STANDARDS:

PL-1 Long Term Care Services will incorporate and implement a cultural competence plan.
AL-1 DMH Long Term Care Services Governing Bodies shall demonstrate a commitment to cultural competence.
AL-2 State Hospitals will demonstrate a commitment to culturally competent care.
AL-3 State Hospitals will identify opportunities to improve cultural competence across all levels of service.
AL-4 Each hospital will provide training/education to patients and staff designed to foster the integration of cultural competence into its environment and system of care.
AL-5 Each hospital will address cultural and linguistic competence in Human Resources Management.
AL-6 The facility's environment will be sensitive to, and reflective of, the cultural heritage and diversity of its patients and staff population.
PR-1 The patient's treatment plan shall be tailored to assure that they are culturally acceptable and effective.
PR-2 Staff will possess critical knowledge, skills, and abilities essential to providing culturally competent treatment and care.
PR-3 Practitioners will demonstrate awareness of the role of cultural competency in maximizing patient's treatment outcomes.
PR-4 Staff will increase their understanding and appreciation of cultures and diversity.
PT-1 Culturally-based sensitivity training and education will be made available and offered to all patients.
PT-2 Patients clinical decision made on behalf of patients will reflect their cultural needs.
PT-3 Patients will be provided with and participate in individualized culturally competent services.
PT-4 The appropriate services as part of the treatment plan will incorporate the patients' family as is appropriate.
PT-5 Patients will be provided an environment that promotes cultural friendliness and acceptance.
PT-6 Patients will be provided treatment in the language appropriate to meet their needs.

[Policy Level (PL), Administrative Level (AL), Practitioners (PR), Patients (PT)]

STRATEGIES FOR IMPLEMENTATION OF PLAN:

This Cultural Competence LTC Plan Requirements are to serve as a planning framework for facilities to incorporate these standards, indicators, and measures into their individualized strategic plans. These changes should be viewed as a function of improving access and reaching desired patients outcomes. The plan requirements address issues that have historically been underrepresented in organizational and patient care. ***Attachment A*** identifies state and federal regulatory authority that supports California's strategic planning process in this area. As stated these identified standards and indicators for cultural competency should be integrated into all levels of the strategic plan and other planning efforts. Perhaps this is what makes this approach most challenging. This document sets standards and identifies indicators and measurements under each. The document makes every effort to identify the *Key Function* areas identified by JCAHO in each of the standards established. This document provides a comprehensive approach to move California's State hospitals towards cultural competence. It is recommended that the Long Term Care Services Strategic Plan would require each hospital to integrate cultural competence standards in each of the hospitals and Vacaville Psychiatric Program Strategic Plan. By the end of five years each standard would have to be included. Progress on incorporation of these standards and overall progress would be reported to the Cultural Competency Committee for Long Term Care Services (CCCLTCS). It is understood that each hospital must have the flexibility to set reasonable goals for selecting and including these standards in their strategic plans and include needed data updates. The CCCLTCS would continue to meet and serve as a resource for implementation and ongoing review of the plan to Executive Directors.

The committee also recommends that the following strategies be completed and are of the highest priority for successful plan implementation.

- Implementation of these standards and procedures are supported at the highest levels of administration.
- Each facility must complete a cultural competency assessment.
- Support ongoing cultural competence committee or process at each facility to advise in implementation and operational efforts as necessary.

Plan Requirements and Standards:

Policy Level
The setting of standards, requirements, guidelines for decision making
Guidelines • Special Orders • Procedures

PL - Standard 1:

Long Term Care Services will incorporate and implement a cultural competence plan.

Indicator 1.1:

The Department of Mental Health Long Term Care Services will issue a special order that will direct hospitals to integrate the cultural competence plan.

Measurement 1.1:

- Each hospital will be responsible for the incorporation and implementation of specific policies and procedures that support these values at all levels of the organization.

Indicators 1.2:

Each facility will incorporate and implement the cultural competence plan to reflect the overall expectations for cultural competence within the workplace and treatment settings throughout all levels of the organization.

Policies will reflect evolution through research, goal setting, and advocacy.

Measurement 1.2:

- Review and identify policies and procedures that are barriers to cultural competence;
- Annual review of Special Orders
- Annual review of Quality Monitors

JCAHO Key Functions:
Leadership

Administration Level

Plays the critical role for leadership at each institution for commitment to culturally competent care

Operationalizing • Defining • Implementation • Procedures

AL - Standard 1:

DMH Long Term Care Governing Bodies shall demonstrate a commitment to cultural competence.

Indicator 1.1:

Chief of the Office of Multicultural Services will participate in each State Hospitals Governing Body as appropriate.

Chief of the Office of Multicultural Services will participate on Executive Council as appropriate.

Measurement 1.1:

- Record of participation of the Chief of the Office Multicultural Services.

Indicator 1.2:

Governing Body will participate in cultural competency training.

Measurement 1.2:

- Record of participation of Governing Body members.

Indicator 1.3:

Governing Body will monitor state hospitals' progress towards implementation of this plan at biannual Governing Body meetings.

Measurement 1.3:

- Governing Body review and approval of hospital implementation plan including methods and timeframes for implementation.

- Biannual reports to Governing Body of progress towards implementation which may include identification of barriers, such as space, staffing, funding, and timeframes.

JCAHO Key Functions:
Leadership

AL - Standard 2:

State Hospitals will demonstrate a commitment to culturally competent care.

Indicator 2.1:

Leadership staff will participate in Cultural Competence training.

Measurement 2.1:

- As evidenced in training records.

Indicator 2.2:

Policy & procedures reflect integration of cultural competency.

Measurement 2.2:

- Strategic plans: i.e. mission statement, philosophy, vision, values
- Policy and procedure manuals
- Human resource training and recruitment policies
- Include Cultural Competence criteria in contractual agreements and requests for proposals
- Con Rep will provide evidence of Cultural Competence Plan that is consistent with DMH Cultural competence plan
- Other key documents

Indicator 2.3:

Hospitals will develop an implementation plan for culturally competent services consistent with the priorities established in Long Term Care Services.

Measurement 2.3:

- Budget and staff resources as necessary consistent with each hospital's implementation plan.

- Biannual progress reports to the Governing Body and Advisory Board.

JCAHO Key Functions:
Leadership

AL - Standard 3:

State Hospitals will identify opportunities to improve cultural competence across all levels of service.

Indicator 3.1:

Leadership staff will identify and implement cultural competency assessment of the organization.

Measurement 3.1:

- Assessment process will be implemented.

Indicator 3.2:

Data will be collected on culturally relevant indicators.

Measurement 3.2:

As part of the organization assessment, data collected for patients shall include:

- Demographic make-up of patient population
- Linguistic needs and services
- Length of stay by ethnicity
- Discharge rates by ethnicity
- Number of treatment hours provided to monolingual patients by bilingual staff.
- Referral rates for identified medical ancillary and treatment support services, e.g. Alcohol & Drug Program, Patient Education, Adult Basic education, Chemical Dependency and Vocational Services, etc.
- Patient Acuity (Physician ordered nursing staff ratio), 1:1
- An analysis of treatment outcomes by ethnicity
- Special Incident reports by type
- Admissions rates
- Recidivism to acute care
- Seclusion and Restraint

Data collected for Staff:

- Staff ethnic composition
- Language fluency to provide services
- Staff cultural competency

JCAHO Key Functions:
Leadership; Management of information; Patients care

AL - Standard 4:

Each hospital will provide training/education to patients and staff designed to foster the integration of Cultural Competence into its environment and systems of care.

Indicator 4.1:

Identify Cultural Consultants and trainers.

Measurement 4.1:

- Staff roster
- Keep community roster

Indicator 4.2:

Assure training objectives reflect cultural competence standards as identified within this planning document.

Measurement 4.2:

- Maintain records of training correlation to standards and indicators.
- Provide supervisory training specific to Cultural Competence and staff performance evaluation.
- All new employees to receive orientation to Cultural Competence.
- Ongoing Cultural Competence training.
- Cultural competency objectives are included in all training programs.

JCAHO Key Functions:
Management of Human Resources; Patients/family education; Care of the patients; Management of information

AL - Standard 5:

Each hospital will address cultural and linguistic competence in Human Resources Management.

Indicator 5.1:

Strategies that support recruitment and retention of culturally and linguistically competent staff.

Measurement 5.1:

- Explore incentives for culturally competent staff
- Identify resources for recruitment and retention training.
- Duty Statement will include expectations for working with culturally diverse population
- Include cultural competency narrative in Annual Performance Evaluation

- Identify bilingual community resources
- Develop and maintain roster within facility
- Include cultural competency in job specifications, announcements and job advertisements.

JCAHO Key Functions:
Human Resources Management

AL - Standard 6:

The facility's environment will be sensitive to and reflective of the cultural heritage and diversity of its patients and staff population.

Indicator 6.1:

Create an environment that support a multicultural community by being free of offensive stereotypical language or images.

Measurement 6.1:

- Environment is inclusive of culturally relevant artifacts and literature, e.g. paintings, murals and magazines.

JCAHO Key Functions:
Management of the environment of care; Patients care; Human Resources

Practitioners Level

Persons that are responsible to carry out services to patients
Medical Support Staff • Nursing • Psych Tech • et al.

PR - Standard 1:

The patient's treatment plans shall be tailored to assure that they are culturally acceptable and effective.

Indicator 1.1:

Staff will provide culturally competent assessment and treatment for all patients by:

Cultural Competent Assessment which includes:
Race, ethnic identity, religious preferences, healthcare practices, language and communication.

Diagnosis which includes:
The diagnostic classification includes the cultural assessment process as identified in DSM IV outline for cultural formulation. The formulation includes a discussion of how cultural considerations specifically influence comprehensive diagnosis and care.

Planning which includes:
The consideration of identification, and inclusion of culture in the treatment planning process. The treatment plan addresses cultural barriers, culturally based treatment practices and preferences, and cultural and spiritual interests.

Implementation which includes:
A demonstration of staff competence, awareness and sensitivity to cultural diversity as reflected in staffs' capacity to address cultural barriers, preferences and practices.

Evaluation which includes:
Attention to cultural dynamics and cultural variables as they impact treatment progress and/or outcomes.

Measurement 1.1:

- Indication in patients treatment plan and case record.
- Evidence in staff training record.
- Evidence in patients satisfaction surveys.

***JCAHO Key Functions**:*
Patients' rights and organizational ethics; Assessment of the patients; Care of the patients; Continuum of care; Improving organizational performance; Management of Human Resources; Patients/family education

PR - Standard 2:

Staff will possess critical knowledge, skills, and abilities essential to providing culturally competent treatment and care.

Indicator 2.1:

There shall be ongoing cultural competency training for clinical staff on ethnic/cultural groups which may include the following domains:

1. Overview and family/ethnic origin
2. Communication
3. Family roles and organization
4. Workforce issues
5. Bio-cultural ecology
6. Culturally specific diagnosis and treatment
7. High-risk health behaviors
8. Nutrition
9. Pregnancy
10. Death rituals
11. Spirituality
12. Health-care and mental health care practices
13. Health-care practitioners
    (Purnell's Model for Cultural Competence)

Measurement 2.1:

- Individual Development Plans (IDP) will include attention to professional development that enhances personal knowledge, skills, and ability related to cultural competency.
- Cultural education for all employees will be available on an on-going basis.
- Ability to apply the biopsychosocial and culturally sensitive model in clinical prevention/health promotion, the interpretation of clinical signs and symptoms, and mental health treatment/interventions. (Like, Steiner, Rubel; Family Medicine, April 1996).
- Recognition of differences in thresholds of distress in diverse patients and tolerance of symptomology by their natural support systems.
- Recognition of differences in symptom expression, symptom language, and symptomatic patterns of individuals from diverse groups.
- Understanding of dynamics of language use and conceptual framework among monolingual and bilingual including non standard English dialects patients from diverse groups.
- Competency Validation Checklist (CVC).
- Individual training records.
- Duty statements and/or descriptions include statement of knowledge, skills, and abilities necessary to the culturally competent provision of patients treatment and/or care.

JCAHO Key Functions:
Assessment of patients; Care of patients; Improving organizational performance;

Management of Human Resources; Leadership; Patients/family education

PR - Standard 3:

Practitioners will demonstrate awareness of the role of cultural competency in maximizing patients' treatment outcomes.

Indicator 3.1:

The IDP will reflect the practitioner's awareness of cultural competence in the areas of attitudes, barriers, and biases that impact treatment outcomes such as:

1. awareness of the impact of socio-cultural factors on patients, practitioners, the clinical encounter, and interpersonal relationships;
2. willingness to understand and interpret those values, assumptions, and beliefs and to examine how they affect the care provided to patients that share and do not share a similar perspective.

Measurement 3.1:

- Knowledge and understanding of alternative treatment modalities for individuals from diverse groups will be discussed in the supervision and evaluation of staff.
- The individual treatment plan will reflect the patient's cultural values, norms, and beliefs.
- Access to specialized treatment programs.
- Duration of treatment from admission to recommendation for discharge.
- Patients' length of stay.
- Use of seclusion and restraint.
- Participation in treatment groups and/or activities.
- Rate of recidivism.
- Psychotheraputic interventions.
- Positive outcome as a result of culturally appropriate pharmokenetics.

JCAHO Key Functions:
Patients' rights and organizational ethics; Assessment of the patients
Care of the patients; Continuum of care; Improving organizational performance Management of Human Resources; Patients/family education

PR - Standard 4:

Staff will increase their understanding and appreciation of cultures and diversity.

Indicator 4.1:

An acceptance of the ethical obligation to challenge racism, classism, ageism, sexism, homophobia, and other forms of bias, prejudice, and discrimination when they occur.

Staff will have an appreciation of the diversity that exists within and across staff cultural groups and the need to avoid overgeneralization and stereotyping.

Measurement 4.1:

- Retention rates of staff
- EEO complaints
- Patient complaints
- Special Incident Reports (SIR)
- Training Records

Indicator: 4.2:

Staff will possess an awareness of and appreciation of how one's personal cultural values, assumptions, and beliefs influence not only the provision of care, but also influence the culture of the health care organization.

Measurement 4.2:

- Ward Atmosphere Scale - (measures attitude and milieu; Attitudinal Survey)
- Staff Attitude Survey
- Patients satisfaction surveys

JCAHO Key Functions:
Patients' rights and organizational ethics; Assessment of the patients; Care of the patient; Continuum of care; Improving organizational performance; Management of Human Resources; *Patients/family education*

Patients Level

PT - Standard 1:

Culturally based sensitivity training and education will be made available and offered to all patients.

Indicator 1.1:

Assess patients' cultural educational needs.

Provide cultural awareness/diversity training and education for patients.

Measurement 1.1:

- Record of providing cultural awareness/diversity training and education for patients.
- Record of patients' involvement in culturally based events.
- Patient participation in culturally specific special events, activities and education.

JACHO Key Functions:
Patients' rights and organizational ethics; Improving organization performance; Continuum of care; Care of patients

PT - Standard 2:

Patients clinical decisions made on behalf of patients will reflect their cultural needs.

Indicator 2.1:

Culturally competent clinicians will be available as part of every clinical treatment team as determined by the patients' cultural needs. Cultural and language issues will be included in treatment team reviews.

Measurement 2.1:

- The patient's cultural identity and treatment preferences will be identified by the patient and/or family upon admission and throughout treatment process.
- Patients will be given the opportunity to identify their cultural beliefs, interests, attitudes, practices, and values.
- Treatment plan and progress notes will indicate that cultural and language issues were addressed as is appropriate for patient.
- Patient's participation in culturally specific treatment groups.

JCAHO Key Functions:
Improving organizational performance; Continuum of care; Management of information; Care of patients

PT - Standard 3:

Patients will be provided with and participate in individualized culturally competent services.

Indicator 3.1:

Patients will be afforded the opportunity to participate in satisfaction surveys.

Measurement 3.1:

- Patient Survey results.

Indicator 3.2:

All patients will have equal access to treatment services regardless of their cultural and linguistic background.

Measurement 3.2:

- Treatment teams to report identified limitations or barriers to access to care.
- Patient rights complaints.
- Patient satisfaction surveys.

JCAHO Key Functions:
Patients care; Continuum of care; Patients rights; Assessment of patients

PT - Standard 4:

The appropriate services as part of the treatment plan, will incorporate the patients' family as is appropriate. (Vacaville Psychiatric Program will need to take a special look at family involvement.)

Indicator 4.1:

When requested by patient and appropriate family will be notified of all treatment team conferences.

Measurement 4.1.1:

- Documented evidence of family input with respect to cultural beliefs, needs, values, and practices in treatment team conferences.
- Evidence of policies, procedures and practices that assure family involvement in patients treatment as appropriate.

JCAHO Key Functions:
Patients' rights; Care of patients; Improving organizational performance; Patients/family education

PT - Standard 5:

Patients will be provided with and contribute to an environment that promotes cultural friendliness and acceptance.

Indicator 5.1:

Patients based appraisal of treatment, living environment, and the hospital community as a whole.

Measurement 5.1:

- Included in the standardized patient satisfaction survey.

JCAHO Key Functions:
Patients' rights; Continuum of care; Care of patients; Management of environment

PT - Standard 6:

Patients will be provided treatment in the language appropriate to meet their needs.

Indicator 6.1:

All attempts will be made to provide clinical services in the language preferred by the patients at all significant points of contact including:

1. Initial contact
2. Intake assessment
3. Diagnostic evaluation and ongoing assessments
4. Treatment
5. Contacts with family
6. Informed consent regarding treatment and medications
7. Case management
8. Patients surveys
9. Referral to other "in hospital" programs
10. Discharge planning and after care

Measurement 6.1:

- The clinical record reflects documented evidence of the following:
  1. Language does not pose restriction for referral diverse program access.
  2. Culturally based educational materials.
  3. Trained translators and interpreters available.
  4. 24-hour telephone line with statewide toll-free access that has linguistic capability, TTD services for the hearing impaired/deaf.
  5. Policies and procedures for meeting consumer language needs.

JCAHO Key Functions:
Patients rights; Continuum of care; Care of patients; Improving organizational performance; Assessment of patients

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ATTACHMENT A

STATE AND FEDERAL AUTHORITY

Following are a list of State and Federal authority that provide legal mandates for addressing issues of language and culturally competent care for treatment of mental health patients.

Title VI of Civil Right Act of 1964, U.S. Code 2000-d (Code of Federal Regulations, Part 21: the Std. Title VI)

United State Code Title 42- The Public Health and Welfare, Chapter 21 Civil Rights, Sub chapter V-Federally Assisted Programs

Sec. 2000d. "*Prohibition against exclusion from participation in, denial of benefits of, and discrimination under federally assisted programs on ground of race, color, or national origin.*

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

U.S. Supreme Court, in **Lau v. Nichols**, 414 U.S. 563 (1974), recognized that recipients of Federal financial assistance have an affirmative responsibility, pursuant to Title VI, to provide Limited-English-Proficiency (LEP) persons with meaningful opportunity to participate in public programs.

Section1,. Section 7292 of the Government Code
"Every state agency, as defined in Section 1100, except the State Compensation Insurance Fund, directly involved in the furnishing of information or the rendering of services to the public whereby contract is made with a substantial number of non-English-speaking people, shall employ a sufficient number of qualified bilingual persons in public contact positions to ensure provision of information and services to the public, in the language of the non-English-speaking person."
DMH Implemented through Special Order Number 204, July 15, 1995

Title 22. Social Security, Division 8. Nondiscrimination in state-supported Programs and Activities, Chapter 2. Discriminatory Practices Relating to all Groups Protected by article 9.5, Article1. General Prohibitions against Discrimination.
98101. Discriminatory Practices Application to All Persons.
"It is a discriminatory practice for a recipient, in carrying out any program or activity directly, or through contractual, licensing or other arrangements, on the basis of ethnic group identification, religion, age, sex, color or a physical or mental disability:
(a) to deny a person the opportunity to participate in, or benefit from an aid, benefit or service;
(b) to afford a person the opportunity to participate in or benefit from an aid, benefit or service that is not equal to that afforded others;
(c) to provide a person with an aid, benefit or service that is not as effective in affording an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to other. In some situations, identical treatment may be discriminatory;

(d) to provide different or separate aid, benefits or services to a person, or to any class of persons, than is provided to others, or to provide aid, benefits or services at a different time, unless such action is clearly necessary to provide such person with an equal opportunity to receive as truly effective aid, benefits or services as those provided to others;

JCAHO
Consolidated Accreditation Manual for Hospitals, 1999
Patients Rights and Organizational Ethics Chapter, RI 1.2.1
Assessment of Patients Chapter, PE1
Care of Patients Chapter TX 3 (medications)
Education Chapter

"Psychosocial, Spiritual, and cultural values also affect patients' responses to care and their willingness to participate actively in care and education. Recognizing the impact these values have, a hospital supports its patients' involvement in their care and the educational process. The hospital makes sure it education process supports ongoing interaction between patients and staff."

DSM-IV Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Introduction XXIV, Ethnic and Cultural Considerations.

Section 1. Section 7292 of the Government Code
"Every state agency, as defined in Section 11000, except the State Compensation Insurance Fund directly involved in furnishing of information or the rendering of services to the public whereby contact is made with a substantial number of non-English speaking people, shall employ a sufficient number of qualified bilingual persons in public contact positions to ensure provision of information and services to the public, in the language of the non-English-speaking person."

Section 7295. "Any materials explaining services available shall be translated into any non-English language spoken by a substantial number of the public served by the agency."